

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

RECEIVED

EMAIL
OCT 21 2009

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Parents Association

IMPORTANT: Indicate by # type of committee you are reporting for: 11

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

**FORM
DR-2**

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Jane Funk

SIGNATURE OF PERSON FILING REPORT

565-964-2151
TELEPHONE

10-19-09
DATE SIGNED

I AM FILING A Oct 19, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED Sept 2, 2009

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
September 8, 2009
County & Local Committees, enter County in
which Election is held
Polk

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 818.48

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

245.39

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,063.87

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

0.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☒ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Parents Association

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND- RAISER INCOME |
|--------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------|--------------------|---------------------------------------|
| 9-4-09 | ID# CK# 4133 | Cynthia Shannon 2017 NW Pleasant Ankeny, IA 50023 | | \$30.00 | <input type="checkbox"/> |
| 9-4-09 | ID# CK# 2837 | Bob Lisa Leick 2205 NW Maple St. Ankeny, IA 50023 | | 15.00 | <input type="checkbox"/> |
| 9-3-09 | ID# CK# 4327 | Allison Schaeffer 613 NW 17th St. Ankeny, IA 50023 | | 100.00 | <input type="checkbox"/> |
| 9-3-09 | ID# CK# 5850 | Kendra Canich 9435 NE 27th St Ankeny, IA 50021 | | 25.00 | <input type="checkbox"/> |
| 9-16-09 | ID# CK# 8919 | Brian Gillette 2001 NE Innsbruck Ankeny, IA 50021 | | 50.00 | <input type="checkbox"/> |
| 9-21-09 | ID# CK# | Unitemized Contributions | | 25.39 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$

TOTAL (if last page of this schedule)

\$ 245.39

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

| | |
|------------------------------------------------------------------------|--------------------------|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Parents Association

| DATE EXPENDED (MM/DD/YY) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------|
| 9-10-09 | ID# CK# 095 | Lisa Lajoie 502 NE 43rd Ct Ankeny, IA 50021 | Reimbursement for expenditures: Vote "yes" signs | \$ 561.61 |
| 9-11-09 | ID# CK# 096 | Rob Schwabers 810 NE Keystone Dr Ankeny, IA 50021 | Reimbursement for expenditures: Auto calls to 2008 voters | 375.00 |
| 9-19 | ID# CK# 097 | PC Print Center 7205 Vista Dr, Ste 118 West Des Moines, IA 50266 | Vote "yes" fliers | 127.26 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ |
| TOTAL (if last page of this schedule) | | | | \$ 1063.87 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

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(for Schedule B)